This form is subje		Act of 1974	. For use	e of this form, see instructions on re	verse.)	0.	1. CON	ROL NUMBER	
O NIANT (Last First Mi	-1-II - 1:GIV		10 00	PART	l	La Basila		I.S. DATE	
2. NAME (Last, First, Middle Initial)			3. SSN		4. RANK			5. DATE	
6. LEAVE ADDRESS (St Phone No.)	reet, City, State,	ZIP Code a	and :	7. TYPE OF LEA ORDINARY PERMISSI	EN	MERGENCY OTHER	8. ORG	 N, STATION, AND PHC	NE NO.
9. NUMBER DA'				YS LEAVE			10. DATES		
a. ACCRUED	b. REQUESTED		c. ADVANCED		d. EXCESS		a. FROM b. TO		
11. SIGNATURE OF REQUESTOR 12. SU			PERVISOR RECOMMENDATION/SIGNATURE APPROVAL DISAPPROVAL			13. SIGNATURE AND TITLE OF APPROVING AUTHORITY			
14.				DEPARTI	JRE		ı		
a. DATE b. TIME c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY									
15. EXTENSION									
a. NUMBER DAYS	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY								
a. DATE	b. TIME c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY								
17. REMARKS									
18. You are authorized to return to home station (or onward movement to the a Do not depart the installaticopy of your travel docume	proceed on official location) design uthorized internation without reserv	al travel in o ated by mil tional airpo ations or tio	connection itary order tracesigns okets for a	on with emergence ers. You are directed in your trave authorized space	y leave and uncted to report documents. required trans	ION AND TR. Ipon completit to the Aeria All additional	ion of your lear Il Port of Emba al travel is cha File a no-pay to	arkation <i>(APOE)</i> for rgeable to leave. ravel voucher with a	
commander. The America	n Red Cross can	assist you	in notifyir	ng your command	er of your re	quest for exte	ension of leave).	
19. INSTRUCTIONS FOR For return military travel re Should you require other a	servations in CO	NUS call th	ie MAC P	assenger Reserv			rn only) 22	ADDIVED HOME LIN	T.
20. DEPARTED UNIT 21. ARRIV		ED APOD		. ARRIVED APOE (retu		in only) 23	23. ARRIVED HOME UNIT		
24.		PAI	RT III - D	EPENDENT TRA	VEL AUTHO	RIZATION	_		
25. (Space available or required cash reimbursable) ONE WAY ROUND TRIP (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25									
(Space)	. 7/	•							
DEDENDENTO (L.)	F: (14)			EPENDENT INFO		O OF DIDTIL	(O) (I) \ \ \ \	L DAGGEORT NUMBE	
a. DEPENDENTS (Last)	name, First, IVII)		D. REL	.ATIONSHIP		S OF BIRTH	(Crimareir)	d. PASSPORT NUMBE	
					_				
		PART IV	- AUTHE	NTICATION FOR	R TRAVEL A	UTHORIZAT	ION		
26. DESIGNATION AND L	OCATION OF H					ING CITATIO			
28. DATE ISSUED 29. TRAVEL ORDER NUMBER 30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION									ATION

PRIVACY ACT STATEMENT

AUTHORITY: Title 5, USC, Section 301.

PRINCIPAL PURPOSE(S): To authorize military leave, document start and stop of such leave; record address and telephone number

where a Soldier may be contacted in case of an emergency during leave; and certify leave days chargeable

to a Soldier's leave account.

ROUTINE USES: To update a Soldier's military leave and pay records. Information furnished may be disclosed to DOD

officials or employees who need this information to perform their duties; to federal, state, and local law enforcement authorities in appropriate cases; the American Red Cross; and relatives. The social security

number is used for positive identification.

DISCLOSURE: Voluntary. Disclosure of SSN is voluntary. However, this form will not be processed without a Soldier's

SSN, since the Army identifies members by SSN for pay or leave purposes.

INSTRUCTIONS TO INDIVIDUAL

1. AUTHORITY FOR LEAVE. A Soldier on leave must carry this form while on leave.

- **2. CHANGES.** A Soldier who desires changes in authorized leave or does not begin leave on schedule will notify commander.
- **3. REPORTING.** A Soldier will report to duty station not later than 2400 on the last day of leave *(block 10b) (even if PCS orders contain a later reporting date).*
- **4. DEPARTURE/RETURN.** A Soldier will begin and end leave on post, at the duty location, or from the place he or she regularly commutes to work.
- **5. CHARGEABLE LEAVE.** If a Soldier works over one-half of the normally scheduled working hours on the day of his or her departure or return, that day is not a chargeable leave day. (Soldier's commander may authorize early departure or late arrival.) If he or she returns on a normally scheduled nonduty day, that day is not chargeable to leave.
- **6. TRAVEL EXPENSES.** A Soldier on leave pays for all his or her travel expenses, to include return to duty station. He or she must have sufficient funds to pay all expenses. A Soldier without sufficient funds to return to duty station reports to the nearest military installation.
- 7. LEAVE EXTENSIONS. A Soldier must request leave extension prior to end of leave.
 - a. If disapproved, 3 above applies.
 - b. If approved, complete block 15a 15c. Attach written notification of extension when received.
- **8. LOST OR DESTROYED LEAVE FORM EN ROUTE PCS.** Request a reconstructed form from the losing station. Continue with required travel and reporting dates.
- **9.** CASUAL PAY. A Soldier who needs a casual pay while on leave should contact the servicing FAO for information and assistance.

10. MEDICAL TREATMENT.

- a. A Soldier who requires medical treatment while on leave, report to the nearest military medical facility. the absence of such a facility, report to a uniformed services treatment facility or Veteran's Administration facility, if possible.
- b. Medical treatment at Government expense at other than federal facilities is authorized only for emergencies when treatment cannot be obtained from Government facilities or when prior approval is obtained.
- c. If a Soldier becomes hospitalized by a civilian physician, the Soldier or someone acting for him or her contact the Patient Administration Office of the nearest military medical facility as soon as possible. A Soldier may seek assistance from the nearest U.S. Army recruiting station or local chapter of the American Red Cross. Information provided must include nature of illness or injury, date and place of hospitalization, and name and telephone number of attending physician.
 - d. If a Soldier is placed sick-in-quarters by a civilian physician he or she will
 - (1) Contact the Patient Administration Office of the nearest military medical facility.
- (2) Obtain written statement from attending physician *(military or civilian)* verifying condition and including dates of treatment. Provide statement to leave approving authority upon return to duty.

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